



## GEORGIA MEDICAID FEE-FOR-SERVICE HYPOGLYCEMICS, INSULIN AND RELATED AGENTS PA SUMMARY

| Preferred  | Non-Preferred  |
|--|--|
| <p>Humalog vials (insulin lispro)<br/> Humalog Mix 75/25 vials (insulin lispro/lispro protamine)<br/> Humalog Mix 50/50 vials (insulin lispro/lispro protamine)<br/> Humulin 70/30 vials (insulin NPH/regular)<br/> Humulin N vials (insulin NPH)<br/> Humulin R U-100 vials (insulin regular)<br/> Humulin R U-500 vials (insulin regular concentrate)<br/> Lantus vials (insulin glargine)<br/> Levemir vials (insulin detemir)<br/> Novolog vials (insulin aspart)<br/> Novolog Mix 70/30 vials (insulin aspart/aspart protamine)</p> | <p>Afrezza (insulin inhalation powder)<br/> Apidra vials (insulin glulisine)<br/> Fiasp vials (insulin aspart with niacinamide)<br/> Novolin 70/30 vials (insulin NPH/regular)<br/> Novolin N vials (insulin NPH)<br/> Novolin R vials (insulin regular)<br/> Tresiba vials (insulin degludec)</p> |

**LENGTH OF AUTHORIZATION:** 1 year; except for Afrezza Titration Pack, which is for one time only.

### PA CRITERIA:

#### Afrezza

- ❖ Approvable for members 18 years or older with type 1 diabetes mellitus who are currently using a long-acting insulin and who have experienced ineffectiveness while on a short-acting insulin and a longer-acting insulin used in combination.
- ❖ Approvable for members 18 years or older with type 2 diabetes mellitus who have experienced ineffectiveness while on two or more oral antidiabetic agents used in combination and who are visually or physically impaired and unable to inject insulin.
- ❖ In addition, members must not have chronic obstructive pulmonary disease (COPD) and must not be a current smoker.

#### Apidra Vials and All Novolin Vials

- ❖ Approvable for members who have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect to one of the therapeutically similar preferred products.

#### Fiasp Vials

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, Novolog vials, is not appropriate for the member.

#### Tresiba Vials

- ❖ Approvable for members less than 2 years of age.



- ❖ Approvable for members 2 years of age or older who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to Lantus and Levemir.

### **QLL CRITERIA:**

- ♦ Prescriber must confirm that member's weight and daily insulin requirements justify an increased quantity. In addition, member must have had an HbA1c level measured in the past year.

### **EXCEPTIONS:**

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

### **PREFERRED DRUG LIST:**

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

### **PA and APPEAL PROCESS:**

- For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

### **QUANTITY LEVEL LIMITATIONS:**

- For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.